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## **FEC FORM 2** STATEMENT OF CANDIDACY

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1.	(a) Name of Candidate (in full)  Keith Fitzgerald							
	(b) Address (number and street)	Check if address changed	45	2. Identification	Number			<u>.</u>
	5211 Winchester Drive		<b>((</b>	2. (30)				
	(c) City, State, and ZIP Code		<b>4</b> 0)	3. Is This	New		$\Box$	Amende
	Sarasota, Florida 34234		70	Statement	[] (N)	OR	<u> </u>	(A)
4.	Party Affiliation	5. Office Sought		ict of Candidate				
	Democrat	House of Representatives	Florida D	ISTRICT 13				
<b>7</b> .	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Committee for the							
1	NOTE: This designation should be fi	iled with the appropriate office listed in t	ne instructions.					
	(a) Name of Committee (in full)							
	Keith Fitzgerald fo	or Congress						
	(b) Address (number and street)							
	5211 Winchester Drive							
	(c) City, State, and ZIP Code							
	Sarasota Florida	34234						
<del></del>	DE	SIGNATION OF OTHER AU  (Including Joint Fundraisin	g Representative	es)		nd funds	on beha	alf of my
8.	I hereby authorize the following name	SIGNATION OF OTHER AU	g Representative al campaign com	es)		nd funds	on beha	alf of my
8.	I hereby authorize the following name	SIGNATION OF OTHER AU  (Including Joint Fundraisin	g Representative al campaign com	es)		nd funds	on beha	alf of my
8.	DE I hereby authorize the following name candidacy.  NOTE: This designation should be fi	SIGNATION OF OTHER AU  (Including Joint Fundraisin	g Representative al campaign com	es)		nd funds	on beha	alf of my
8.	DE I hereby authorize the following name candidacy.  NOTE: This designation should be five (a) Name of Committee (in full)	SIGNATION OF OTHER AU  (Including Joint Fundraisin	g Representative al campaign com	es)		nd funds	on beha	alf of my
8.	DE I hereby authorize the following name candidacy.  NOTE: This designation should be fit (a) Name of Committee (in full)  (b) Address (number and street)	SIGNATION OF OTHER AU  (Including Joint Fundraisin	g Representative al campaign com	es)		nd funds	on beha	alf of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be fit (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	SIGNATION OF OTHER AU  (Including Joint Fundraisin	g Representative	es) imittee, to receive	e and expe			alf of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be fit (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	SIGNATION OF OTHER AU  (Including Joint Fundraisin ned committee, which is NOT my princip iled with the principal campaign committ	g Representative	nd belief it is true	e and expe	nd comple		alf of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be fit (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	SIGNATION OF OTHER AU  (Including Joint Fundraisin ned committee, which is NOT my princip iled with the principal campaign committ	g Representative	es) imittee, to receive	e and expe	nd comple		alf of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be fit  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have example and the control of Candidate  Address Candidate	SIGNATION OF OTHER AU  (Including Joint Fundraisin ned committee, which is NOT my princip iled with the principal campaign committ	g Representative al campaign com	and belief it is true	e and expense, correct an	nd comple	ete.	
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be fit  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have example and the control of Candidate  Address Candidate	SIGNATION OF OTHER AU  (Including Joint Fundraising the committee, which is NOT my principal description of the principal campaign committed with the principal campaign cam	g Representative al campaign com	and belief it is true	e and expense, correct an	nd comple	ete.	

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the ()) icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

PREPARER

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DATE PREPARED